

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015354

STATE FILE NUMBER

2 3185

Registration District No. Primary Registration District No. Registrar's No.

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i> | | c. CITY OR TOWN <i>St. Louis</i> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>FIRMIN OESLAGE Hosp</i> | | d. STREET ADDRESS (If outside, give location) <i>1319 RUSSELL</i> | |

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|---|----------------------------------|---|---|---|---|
| 3. NAME OF DECEASED (Type or print) First Middle Last <i>ELLA EVA McCAULEY</i> | | | 4. DATE OF DEATH Month Day Year <i>MAR 29 59</i> | | |
| 5. SEX <i>FEMALE</i> | 6. COLOR OR RACE <i>WHITE</i> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <i>Nov 29, 1887</i> | 9. AGE (In years last birthday) <i>71</i> | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>AT HOME</i> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <i>St. Genevieve, Mo.</i> | 12. CITIZEN OF WHAT COUNTRY? <i>USA</i> | |
| 13a. FATHER'S NAME <i>FRED ROTH</i> | | 13b. MOTHER'S MAIDEN NAME <i>IDA BRENNAN</i> | | 14. NAME OF HUSBAND OR WIFE <i>HAROLD (DECEASED)</i> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i> | | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address <i>MARIE McCAULEY 9051 ROSEMARY</i> | | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>BRONCHIAL ASTHMA</i> | | INTERVAL BETWEEN ONSET AND DEATH |
| DUE TO (b) <i>OBSTRUCTIVE EMPHYSEMA</i> | | |
| DUE TO (c) <i>527.1</i> | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>CEREBRAL ARTERIOSCLEROSIS; DIABETES</i> | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
| 21. I attended the deceased from <i>3/20</i> to <i>3/29</i> and last saw her <i>alive</i> on <i>3/29/59</i> Death occurred at <i>1:10 AM</i> on the date stated above; and to the best of my knowledge, from the causes stated. | | |
| 22a. SIGNATURE (Degree or title) <i>Kenneth E. Walter, M.D.</i> | 22b. ADDRESS <i>1325 So. Grand</i> | 22c. DATE SIGNED <i>3/30/59</i> |

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|---|-------------------------------|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i> | 23b. DATE <i>3/31/1959</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>NEW ST. MARCUS CEM.</i> | 23d. LOCATION (City, town, or county) (State) <i>St. Louis Co., Mo.</i> |
| 24. FUNERAL DIRECTOR <i>J L ZIEGENHEIN & SONS</i> | ADDRESS <i>7027 GRAND</i> | 25. DATE RECD. BY LOCAL REG. <i>MAR 31 59</i> | 26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i> |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed

Donald B. Bony

Licensed Embalmer No. *483*

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.